

Early Risers: Skills for Success

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Program developers or their agents provided the Model Program information below.

BRIEF DESCRIPTION

Early Risers: Skills for Success is a multicomponent, developmentally focused, competency-enhancement program that targets elementary school children 6 to 12 years of age who are at high risk for early development of conduct problems, including substance use. The program's premise is that early, comprehensive, and sustained intervention is necessary to target multiple risk and protective factors. The program uses integrated child-, school-, and family-focused interventions to move high-risk children onto a more adaptive developmental pathway.

Program Background

Over a 10-year period, Early Risers evolved from a school-based intervention delivered by teachers and expert consultants to a community-based intervention delivered by community providers. Its home visitation delivery system provides for interventions and services that are tailored to each family's strengths, needs, and barriers to participation. Several variations of the program now exist. Each is tailored to accommodate both urban and rural implementation.

RECOGNITION

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: Model Program

INSTITUTE OF MEDICINE CLASSIFICATION (IOM)

INDICATED

This program targets children who display early aggressive, disruptive, and/or nonconformist behaviors.



INTERVENTION TYPE

SCHOOL-BASED

CONTENT FOCUS

ACADEMIC ACHIEVEMENT, ANTISOCIAL/AGGRESSIVE BEHAVIOR, SOCIAL AND EMOTIONAL COMPETENCE, DOES NOT SPECIFICALLY ADDRESS ANY SUBSTANCES

Children are involved in a set of skill-enhancement interventions that focus on 1) boosting academic achievement and promoting positive bonding to school, and 2) managing behavior in classroom settings, learning and applying appropriate behaviors, using social problem-solving skills, resolving conflict and managing anger, and building prosocial friendships.

The program targets risk and protective factors that affect substance use and its prevention.

Parents as a primary target population:

Parents are involved through a didactic parent education and skills training program and home visits that focus on basic living needs, goal setting, and referrals to outside services to address serious mental health concerns.

PROTECTIVE FACTORS

INDIVIDUAL, FAMILY, SCHOOL

INDIVIDUAL

- Emotional regulation and behavior control skills
- Prosocial behavior
- Interpersonal communication skills
- Social problem-solving skills
- Conflict resolution and anger management skills
- Positive attitudes toward school
- Reading, written expression, and math skills
- Affiliation with prosocial peers

FAMILY

- Parenting self-efficacy
- Empowerment
- Personal well-being
- Involvement in community alliances
- Access to community systems of care
- Supportive and nurturing parental behavior

SCHOOL

- Supportive and competent teachers
 - Supportive schools
-

RISK FACTORS

INDIVIDUAL, FAMILY

INDIVIDUAL

- Early aggressive and disruptive behavior
- Poor academic achievement
- Damaged peer relationships
- High emotional reactivity or impaired emotional regulation

FAMILY

- Limited community support systems
 - Inconsistent or ineffective discipline methods
 - Low monitoring and supervision
 - Harsh and disapproving communication
 - Low support and involvement
 - Limited educational stimulation and support for mastery
 - Parent mental illness and substance abuse
 - Social insularity and marital discord
 - Poverty and unemployment
-

INTERVENTIONS BY DOMAIN

INDIVIDUAL, FAMILY, PEER, SCHOOL

INDIVIDUAL

- Life and social skills training

FAMILY

- Home visits
- Parent education/parenting skills training
- Task-oriented family education sessions to improve family interactions (e.g., parent involvement in program homework assignments, etc.)

PEER

- Classroom and peer support groups reinforcing unsupportive attitudes toward sexual permissiveness
- Peer-resistance education

SCHOOL

- Mentoring/tutoring

KEY PROGRAM APPROACHES

ADULT MENTORING, ALTERNATIVE/RECREATIONAL ACTIVITIES, BEHAVIOR MODIFICATION, IN-HOME SERVICES, OUTREACH, PARENT-CHILD INTERACTION, PARENT TRAINING, PEER LEADERSHIP, COUNSELING OR SUPPORT, PROBLEM IDENTIFICATION AND REFERRAL, SKILL DEVELOPMENT, THERAPY

Early Risers has two complementary components:

(1) The CORE component includes a manualized set of education and support interventions for children and parents. This component includes a summer school program, a regular school year teacher consultation program (Check and Connect), and a family-focused program that features a social skills program for children and parenting education and skills training sessions for parents.

(2) The FLEX component in tandem with CORE encourages family empowerment, family preservation, and resource allocation. In this component, individual families establish child, parent, and family health goals for the year and receive consultation on strategies to achieve goals and brief interventions from family advocates, as well as access to a variety of formal and informal community resources.

Children receive skill-enhancement training and behavioral support through the CORE component. Children receive mental health services through the FLEX component.

ADULT MENTORING

Children receive skill-enhancement services as part of the CORE component.

ALTERNATIVE/RECREATIONAL ACTIVITIES

A variety of field trips supplement program goals.

IN-HOME SERVICES

As part of the FLEX component, families receive home visits during which assessments and goal-setting activities occur.

The FLEX Family Program is conducted in four phases: 1) asset appraisal and needs assessment; 2) goalsetting/strategic planning; 3) provision of brief interventions, resources, and/or specialized services; and 4) monitoring of goal attainment, service utilization, and reformulation of goals.

OUTREACH

Start-up activities include screening and recruiting children and their families.

PARENT-CHILD INTERACTION

The Family Program features a communal dinner with staff and other program participants. Following the meal, children and parents participate in specialized groups and then come back together for interaction events.

PARENT TRAINING

Parents receive education and skills training in the Family Program and family support services through the FLEX component. The Family Program provides education and skills training in effective parenting practices, including discipline, monitoring, and communications methods.

PROBLEM IDENTIFICATION AND REFERRAL

Children and families receive screening for mental health problems and referrals to community service providers as part of the FLEX program.

SKILL DEVELOPMENT/BEHAVIOR MODIFICATION/PEER SUPPORT

The Summer Program includes academic instruction and educational enrichment, social skills training and strategic peer involvement, cultural education, creative arts experiences, and sports skills instruction. A behavior modification system, in place throughout the day, assists children in regulating their behavior. A “buddy system” promotes interpersonal cooperation and friendship building. A school-home note system is used to encourage parent involvement.

THERAPY/MENTAL HEALTH

The FLEX Component evaluates individual mental-health-related problems and brokers referrals to community service providers who offer the requisite services.

The Summer Program includes customized academic instruction and enrichment, specialized social skills training, cultural education, creative arts experiences, and sports skills instruction. Program activities along with the support of a behavioral modification system (point system) assist children in managing troublesome behaviors. A “buddy system” also enhances interpersonal cooperation and friendship building.

HOW IT WORKS

A family advocate is responsible for running Early Risers. This individual coordinates and provides services for the CORE (child-focused) and FLEX (parent/family-focused) components. The family advocate is responsible for delivering Early Risers’ manualized program to children and their parents, year-round, at school and at home.

For the CORE component, the family advocate is responsible for:

- Regularly visiting the child's school
- Consultation with teachers
- Individual mentoring of the student
- Facilitating improved communication between home and school
- Teaching children the skills necessary to make and sustain friendships
- Providing recognition for children's efforts and accomplishments
- Administration and coordination of summer school program

In the role of FLEX home visitor, the family advocate:

- Schedules regular home visits
- Develops supportive relationships with parents
- Assesses family strengths and needs
- Assists in family goal-setting and strategic planning
- Brokers community services

Early Risers is best implemented in schools or local community centers. A Summer Program component is ideally delivered in community school settings, but also can be run in community centers, faith-based centers, or similar locations. The Summer Program also requires a larger staff.

Cost-effective operation of Early Risers requires one family advocate for every 25 to 30 child/family participants. A qualified family advocate must have a minimum of 2 years of field experience in human services and a bachelor's degree in social work or related field. A supervisor, responsible for staff recruitment, education, training, oversight, and evaluation, also is needed.

A 5-day training program can be held at the host site for up to 20 family advocates and program supervisors. Further technical assistance via site visits or phone contact is recommended. Early Risers also offers a *Skills for Success Training Manual*, "Skills for Success" program video, and other program resources.

Timeline

Startup activities will require 3 to 6 months. They include screening and recruiting children and their families, recruiting and training program family advocates, developing referral sources and relationships with community service providers, and obtaining school support.

Program implementation starts with a 6-week **Summer Program** that runs 4 days a week. Program components include academic instruction, social skills training, cultural education, and creative arts and sports skills instruction.

The **Check and Connect Program** begins shortly after the start of the school year and runs concurrently until the end of each school year for 2 to 3 years. Family advocates visit each child's classroom on a weekly basis to consult with teachers and provide one-on-one mentoring to the child when indicated.

The **Family Program** also begins shortly after the start of the school year. Parent and child groups are assembled and meet for biweekly evening sessions (12 sessions in years 1 and 2 and six sessions in year 3). Sessions begin with a communal family dinner followed by concurrent parent and child groups that last approximately 90 minutes and conclude with a 30-minute parent-child interactive activity.

FLEX Family Support Program begins approximately 3 months into the school year and runs continuously thereafter. The amount of FLEX contact time will vary for each family based on need. A minimum of six home visits per year is recommended.

OUTCOMES

IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS, OTHER TYPES OF OUTCOMES

IMPROVEMENTS IN BEHAVIORS RELATED TO PROTECTIVE FACTORS

High-risk children (both boys and girls) receiving the program showed significant improvement in rate of academic achievement, with this effect primarily accounted for by gains in basic reading skills.

Both program and control children showed reductions in self-regulation problems. However, program children with the highest level of aggressive behavior showed significant reductions in behavioral problems as compared to their highly aggressive control counterparts.

High-risk children receiving the program made significant gains in social skills, social adaptability, and leadership following 3 years of intervention.

FOUR-YEAR INTERVENTION EFFECTS

Program children, compared to controls, were judged by their peers to have more leadership and social etiquette behaviors, choose less aggressive children as their friends, and their friendships were characterized by more positive qualities. Program girls were less rejected and more popular and chose friends higher in leadership.

OTHER TYPES OF OUTCOMES

Parents of children with the highest level of aggressive behavior, who received 50 percent or more of recommended FLEX contact time, reported improved investment in their child and less personal distress.

Parents who achieved recommended levels of participation reported less distress and improved methods for disciplining children.

Benefits

- Positive self-image
- Self-regulation and constructive coping
- Healthy problem-solving and assertive communication skills
- Positive peer affiliations
- Positive attitudes toward learning
- Parental competence and capacity to support and nurture children's development

Outcomes are relevant to comparisons. Different tests focus on changes over time between program and control.

EVALUATION DESIGN

The intervention was tested using a multiple time-series design involving a baseline assessment and three annual assessments thereafter. Children were screened for risk (i.e., aggressive behavior) during kindergarten and randomly assigned (nested within schools) to either the program or no-program (i.e., control) conditions. Eighty-two percent of the participants completed the 3-year prevention trial. Rate of attrition and characteristics of those who failed to complete the trial did not differ for program and control groups. Outcome variables were specified that corresponded to four global competence domains (i.e., academic competence, social competence, self-regulation, and parent investment), each of which included several specific skill domains.

DELIVERY SPECIFICATIONS

1–3 YEARS

Amount of time required to deliver the program to obtain documented outcomes:

The Summer Program runs for 6 weeks, 4 days a week.

The school-based teacher consultation program (i.e., Check and Connect Program) begins shortly after the start of the school year and runs until the end of each school year for 2 to 3 years. Family advocates visit each child's classroom weekly, monitor student progress, and offer individual mentoring on an as-needed basis.

The Family Program begins shortly after the start of the school year. Parent and child groups meet biweekly in the evenings, with 12 sessions in Years One and Two and 6 sessions in Year Three. They begin with a communal family dinner, continue with 90-minute concurrent parent and child groups, and conclude with a 30-minute parent-child interactive activity.

The FLEX family support program begins 3 months into the school year and runs continuously thereafter. Home visits are recommended and are adjusted based on family need.

Start-up activities will require 3 to 6 months.

INTENDED SETTING

RURAL, URBAN

This was originally tested in a semirural setting and has been replicated in a low-income urban community.

FIDELITY

Components that must be included in order to achieve the same outcomes cited by the developer:

The program requires 3 to 6 months of start-up activities: (a) family advocate orientation and training, (b) behavioral screening, (c) recruitment of children and their families, and (d) development of referral sources and relationships with community service providers.

One family advocate is needed for every 25 child/family participants. Implementation requires a 6-week Summer Program; the Check and Connect Program during the school year; the Family Program, which runs during the school year; and the FLEX family support program that runs during the school year.

PERSONNEL

FULL TIME, PAID

The program strongly recommends one family advocate for every 25 families and a supervisor responsible for staff recruitment, education, training, oversight, and evaluation.

Typical personnel problems encountered by users when implementing this Model Program and potential solutions:

The position of family advocate requires flexible hours of work, which may lead to demoralization and/or burnout.

Implementers must be able to address transportation concerns for the Summer Program as well as the Family Program.

EDUCATION

UNDERGRADUATE, SPECIAL SKILLS

Education and qualifications of the personnel needed to successfully implement this Model Program:

A qualified family advocate should have 2 years of field experience in human services and a bachelor's degree in social work or related field.

PERSONNEL TRAINING

Type: SEMINAR/WORKSHOP, Location: ONSITE (user)/OFFSITE (developer or trainer location), Length: BASIC/REFRESHER

A 3- to 5-day training program for up to 20 family advocates and program supervisors can be held at the host site.

Alternatively, program implementers may receive training at the University of Minnesota.

The program recommends additional technical assistance through site visits or phone consultation.

COST (estimated in U.S. dollars)

\$1,001–5,000

Cost considerations for implementing this Model Program as recommended by the developer:

Program costs range from \$1,200 to \$2,000 per child/per year (variability based on availability of Summer Program).

TRAINING

Training costs for the intensive 3- to 5-day program are approximately \$5,000. Additional costs for ongoing technical assistance and booster training can be negotiated on an individual basis.

INTENDED AGE GROUP

CHILDHOOD (5–11), EARLY ADOLESCENT (12–14)

This program targets elementary school children 6 to 12 years of age who show early aggressive and disruptive behaviors.

INTENDED POPULATION

AFRICAN AMERICAN, WHITE

Initially tested with a sample of primarily White participants living in semirural communities, this program has been replicated with African American participants living in economically disadvantaged urban environments.

GENDER FOCUS

BOTH GENDERS

This program was used for both males and females.

REPLICATION INFORMATION

NO INFORMATION PROVIDED

CONTACT INFORMATION

ABOUT THE DEVELOPER

Gerald J. August, Ph.D.

George M. Realmuto, Ph.D.

Michael L. Bloomquist, Ph.D.

Early Risers: *Skills for Success* was developed by Drs. Gerald J. August, George M. Realmuto, and Michael L. Bloomquist at the Center for Prevention and Children's Mental Health at the University of Minnesota. This group of prevention specialists is involved in the design and evaluation of community-based prevention programs that address serious conduct problems experienced by youth such as drug abuse, violence, and delinquency.

FOR INFORMATION, CONTACT

Gerald J. August, Ph.D.

Division of Child and Adolescent Psychiatry

University of Minnesota

F256/2B West

2450 Riverside Avenue

Minneapolis, MN 55454-1495

Phone: (612) 273-9711

Fax: (612) 273-9779

E-mail: augus001@tc.umn.edu

Available products:

Skills for Success Training Manual

Skills for Success Program Video